

2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATECandidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special ElectionName of Candidate KEN DALE SULLIVANAddress 1002 GREENBRIAR CIRCLETelephone 601-941-8135

Fax _____

Contact Name _____

Email KENDALESULLIVAN@YACHTO.COMOffice Sought SENATOR - Dist 36Political Party DEMOCRATIC☐ Check here if above is different from previous report

TYPE OF REPORT

☒ February 9, 2010 Pre-Election Report (January 1, 2010, through February 6, 2010).....Mandatory☐ January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-16-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$1,000 + \$350	\$ 1350.00	\$ 1350.00
Total amount of disbursements	\$2649.69 / 160.00	\$ 2801.69	\$ 2801.69
Total amount of cash on hand		\$ - 0 -	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Ken Dale SullivanDate 2-10-10

Authority: Refer to Miss. Code Ann. §23-16-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-369-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee

KEN DALE SULLIVAN

Reporting period

Jan 1, 2010

through

Feb 10, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>BUDGET SIGNS</u>	<u>2/12/10</u>	\$ <u>752.54</u>
Mailing Address		
<u>HWY 80 WEST</u>		
City, State, Zip Code		
<u>JACKSON, MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>752.54</u>
<u>SIGNS</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>COPIAH COUNTY COURIER</u>	<u>2/5/10</u>	\$ <u>1689¹⁵</u>
Mailing Address		
<u>P O Box 351</u>		
City, State, Zip Code		
<u>HAZLEHURST, MS 39083</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1689¹⁵</u>
<u>NEW PAPER ADDS</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>HINDS County Gazette</u>	<u>1/29/10</u>	\$ <u>200⁰⁰</u>
Mailing Address		
<u>P O Box 729</u>		
City, State, Zip Code		
<u>RAYMOND, MS 39154</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		
		\$
City, State, Zip Code		
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		
		\$
City, State, Zip Code		
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		
		\$
City, State, Zip Code		
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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Name of Candidate or Committee

KEN DALE SULLIVAN

Reporting period

Jan 1, 2010 through Feb. 10, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DAN RREVER</u>	<u>12-31-10</u>	\$ <u>500.00</u>
Mailing Address _____	____/____/____	\$
City, State, Zip Code <u>WESSON, MS 39191</u>	____/____/____	\$
Name of Employer (Required) <u>SELF</u>	____/____/____	\$
Occupation (Required) <u>FARMER (CHICKENS)</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>L. VANSWORTH HOLLAND</u>	<u>1-12-10</u>	\$ <u>500</u>
Mailing Address <u>17 New Bethel Rd.</u>	____/____/____	\$
City, State, Zip Code <u>TYLERTOWN, MS 39667</u>	____/____/____	\$
Name of Employer (Required) <u>SELF</u>	____/____/____	\$
Occupation (Required) <u>FARMER (CATTLE)</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	____/____/____	\$
Mailing Address _____	____/____/____	\$
City, State, Zip Code _____	____/____/____	\$
Name of Employer (Required) _____	____/____/____	\$
Occupation (Required) _____	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	____/____/____	\$
Mailing Address _____	____/____/____	\$
City, State, Zip Code _____	____/____/____	\$
Name of Employer (Required) _____	____/____/____	\$
Occupation (Required) _____	Aggregate year-to-date	\$